

## LUNG PATHWAY BOARD MEETING

Minutes of the meeting held on

10 July 2014, Seminar Room 6, The Christie

IN ATTENDANCE	
Neil Bayman	Pathway Director
Caroline McCall	Pathway Manager
Chris Eckersley	Bolton
Simon Bailey	CMFT
Lorraine Creech	East Cheshire
Carol Farran	Stockport
Phil Barber	UHSM
Rajesh Shah	UHSM
Ram Sundar	WWL
Fiona Blackhall	Christie
Carol Diver	Tameside
Duncan Fullerton	MCHT
Durgesh Rana	CMFT
Leena Joseph	UHSM
Liam Hosie	GP Rep
Yvonne Summers	Christie
Ben Taylor	Christie
Richard Booton	UHSM

AGENDA ITEM	ACTION
<p><b>1. Apologies noted from :</b>            Carolyn Allen (Radiologist, Pennine), Paul O'Donnell (Respiratory and Palliative Care Physician, Pennine), Simon Taggart (Respiratory Physician, Salford), Ian Watson (GP, Oldham CCG)</p>	
<p><b>2. Minutes from the last meeting on 29<sup>th</sup> April 2014</b>            The minutes from the last meeting were agreed to be an accurate record.</p>	
<p><b>3. Patient Representatives</b>            NB informed the board of the recent Macmillan cancer Patient user Event that took place at The MacDonald Hotel in Manchester on 23/06/2014. The event addressed taking a different approach to recruiting patient representatives and how to treat them once on</p>	<p>NB to forward copy of Patient User Charter</p>

<p>board.</p> <p>Manchester Cancer to produce a 'Patient User Charter', which will be forwarded with the minutes.</p>	
<p><b>4. MCIP</b>          PB (MCIP Lung Clinical Lead) presented and outlined the focus of the MCIP project.          MCIP is essentially a partnership between Commissioners and MacMillan. The project has been split into phases:</p> <ul style="list-style-type: none"> <li>• Phase 1 – involving Primary Care &amp; End of Life</li> <li>• Phase 2 – very much about the patient journey/pathway (lung and breast cancer)</li> </ul> <p>Examples for improvement include the introduction of screening pilot and creating a new role of a community based personal care co-ordinator. Specific lung pathway improvements to be determined at a clinical engagement workshop to be held on 17/07/2014.</p> <p>NB noted that MCIP and Manchester Cancer have very similar aims and emphasised that any changes that are made via the MCIP project need to be transferable across Gtr Manchester.</p>	<p>PB to keep the Lung Pathway Board updated</p>
<p><b>5. Data Summary</b>          NB presented data from the National Cancer Patient Experience Survey (NCPES), National Lung Cancer Audit 2012, and service profiles. Noted that there are large variations in many of the results between trusts in Greater Manchester. It was suggested that poor response rates from lung cancer patient to the NCPES was because it only targets in-patients within a limited time-period, and that lung cancer in-patients often too unwell to complete NCPES. Suggestions made around who to collect patient experience data from across Greater Manchester. Agreed that any local survey should replicate NCPES outcomes.</p>	<p>NB &amp; CMc to look into this &amp; feedback</p>
<p><b>6. Quality Standards Document</b>          NB presented the Quality Statements long-lists. Early detection QS document was discussed in full and part of diagnostics. In the interests of time, it was agreed that each board member would review each document individually and return and comments before an electronic vote to determine the Manchester Cancer Lung QS to be adopted alongside the national (NICE) standards.</p> <p>The feasibility of electronic software prompts in primary care to alert clinicians to patients at high risk of lung cancer was discussed</p> <p>During this discussion, the importance of education/engagement of Primary Care was agreed. NB explained that GP Education Events are being organised by Manchester Cancer, the first likely to be a combined event for Lung and Head &amp; Neck. Other methods for primary</p>	<p><b>ALL – LOOK THROUGH DOCUMENT &amp; PROVIDE FEEDBACK. ALL MEMBERS TO PARTICIPATE IN ELECTRONIC VOTE</b></p> <p>Liam &amp; Ian to look into the feasibility of such soft/ware</p>

# Manchester Cancer

<p>care engagement were discussed eg. web based 'case of the week' being emailed to GP's etc.</p>	<p>NB &amp; CMc to discuss with Tom Pharaoh (Manchester Cancer)</p>
<p><b>7. MDT's</b>          NB showed the current MDT arrangements in Gtr Manchester. It was noted that Maclesfield currently link in with Wythenshaw for oncology and surgical input. The principle of a sectorised model of MDTs (i.e North West Sector MDT) was discussed. The benefits of greater surgical and oncology cover, along with stronger debates around appropriate management and facilitating integrated pathways was discussed. It was acknowledged that adopting a sector MDT model in Gtr Manchester was an ambitious aim and would need careful planning, Agreed there should be discussion with NWSMDT to learn lessons. Mr Shah was key to the formation of NWSMDT and agreed to be consulted</p>	<p>NB &amp; CMc to map current MDT arrangements          NB to speak with Mr Shah and Dr Bradley (Bolton) to learn from the implementation of NWSMDT</p> <p>NB and CMc to draft proposed models for MDT sectorisation for consultation by the board</p>
<p><b>8. EBUS</b>          RB presented on EBUS. There are currently 5 centres using EBUS. Data from the first 4 EBUS centres was presented (see slides attached). The importance of all centres providing data was acknowledged. RB presented possible KPIs to quality control EBUS in Gtr Manchester going forward.</p> <div style="text-align: center;">  <p>EBUS Subgroup June 2014.pptx</p> </div> <p>NB proposed that KPI's need to be agreed with Commissioners and will set up a meeting</p>	<p><b>ACTION: EBUS</b> subgroup to agree on KPI's</p> <p>RB/NB/CMc to meet with cancer commissioners</p>
<p><b>9. Information for Healthcare Professionals (HCP)</b>          NB proposed the idea of having standard HCP information relating to specific lung cancer treatments (examples distributed with agenda) uploaded to a "Lung Cancer for HCPs" page of the MC website. A link to the web-page could be added to clinic letters sent to GPs to enable them to reference the appropriate info</p>	<p>NB to discuss with Tom Pharaoh. If feasible, HCP info to be developed and approved by board.</p>
<p><b>10. AOB - none</b></p>	